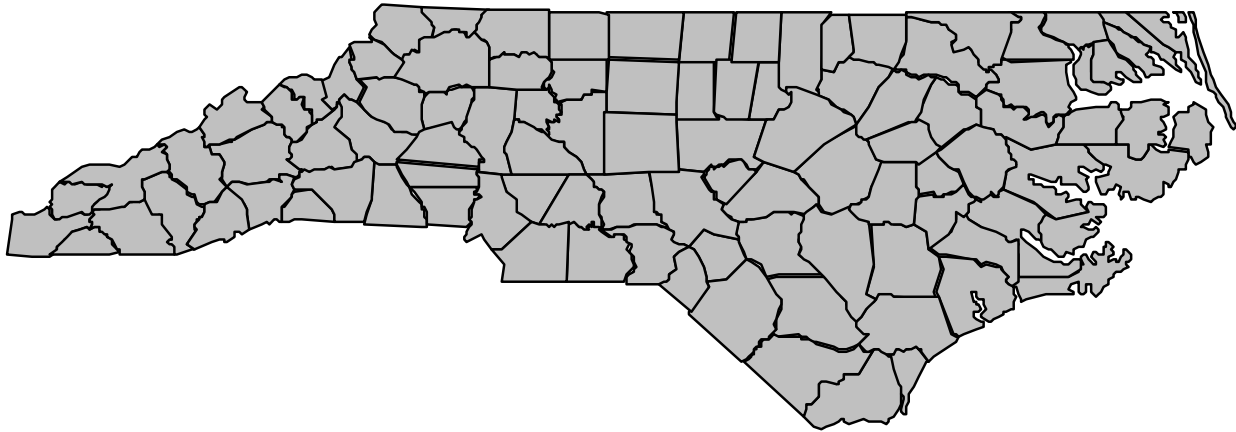


**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities,  
and Substance Abuse Services**

**2004 - 2005 Performance Contract  
With Local Management Entities**

**Third Quarter Report  
January 1, 2005 - March 31, 2005  
(Revised 8/25/05)**



Prepared by

Quality Management Team  
Community Policy Management Section  
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services  
North Carolina Department of Health and Human Services

August 2005



## 2004 - 2005 Performance Contract

### Third Quarter Report

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## Introduction

### Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) developed the SFY 1999-2000 Performance Agreement to replace the memorandum of agreement that historically was signed by each Area Authority or County Program and the Division. The creation of this new agreement marked a significant change in the relationship between the Division and the Area Authority and County Programs. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of methods to monitor and/or verify fulfillment of Area Authority and County Program responsibilities and performance requirements elaborated in the agreements.

### State Fiscal Year 2004-2005

A Performance Contract was developed for SFY 2004-2005 reflecting the new management functions of the LMEs. For all LMEs, it was agreed that the SFY 2003-2004 Performance Agreement would be used for the **first** and **second** quarters of SFY 2004-2005. Those LMEs that are in an earlier stage of the mental health system reform process and have not signed the SFY 2004-2005 Performance Contract will continue operating under the requirements of the SFY 2003-2004 Performance Agreement. Those LMEs that have signed the SFY 2004-2005 Performance Contract as of January 2005 will follow the new requirements in the **third** and **fourth** quarters of SFY 2004-2005. Correspondence to the Area Directors, dated October 26, 2004, details this process.

Twenty one of the 33 LMEs have executed the SFY 2004-2005 Performance Contract with the NC DHHS as of January 2005. A table listing the LMEs in each group is provided in this report following the introduction.

As in prior agreements, the current agreements/contracts provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present LME-specific performance data, comparisons to statewide data, and cross-LME comparisons.

This is the **Third Quarter Report** under the SFY 2004-2005 Performance Contract. This report includes data on the performance requirements specified in Attachment III, System Performance, of the current contracts. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual basis. For reasons of economy, only those requirements with a report due in the current quarter are included in this report.

The tables on the following pages list the report schedule, the performance requirements and standards, and LME performance under the SFY 2004-2005 Performance Contract. LME performance under the SFY 2003-2004 Performance Agreement will be provided in a separate report.

### Questions or Concerns

If officials of an LME or County Program have questions about any of the individual requirements reports or believe that information contained in this report is in error, they should contact their LME liaison. The LME liaison will assist in getting answers to questions and/or having errors corrected.

LMEs Reporting Under The SFY 2004-2005 Performance Contract vs.  
The SFY 2003-2004 Performance Agreement

The first column of this table lists the LMEs that have signed the SFY 2004-2005 Performance Contract as of January 1, 2005 and will begin reporting information for the new requirements beginning with the third and fourth quarters. The second column lists the LMEs that will continue to use the measures in the SFY 2003-2004 Performance Agreement until the new Performance Contract is signed.

LME	SFY 2004-2005 Performance Contract	SFY 2003-2004 Performance Agreement
Alamance-Caswell		X
Albermarle		X
Catawba	X	
CenterPoint	X	
Crossroads	X	
Cumberland	X	
Durham	X	
Eastpointe	X	
Edgecombe-Nash		X
Foothills	X	
Guilford	X	
Johnston	X	
Lee-Harnett		X
Mecklenburg	X	
Neuse	X	
New River	X	
Onslow	X	
Orange-Person-Chatham	X	
Pathways		X
Pitt	X	
Riverstone		X
Roanoke-Chowan		X
Rockingham		X
Sandhills	X	
Smoky Mountain	X	
Southeastern Center	X	
Southeastern Regional	X	
Tideland		X
VGFW	X	
Wake	X	
Western Highlands Network		X
Wilson-Greene		X

## 2004 - 2005 Performance Contract Report Schedule

*The table below shows which requirements will be reported by quarter*

Requirement		1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
<b>1.1. General Administration and Governance</b>					
1.1.1.	Local Business Plan Implementation	X	X	X	X
<b>1.2. Access, Triage, and Referral</b>					
1.2.1.	Access to Emergent Care	X	X	X	X
1.2.2.	Access to Urgent Care	X	X	X	X
1.2.3.	Access to Routine Care	X	X	X	X
1.2.4.	Access Line	X	X	X	X
<b>1.3. Service Management</b>					
1.3.1.	Choice of Providers				X
1.3.2.	Discharge Planning With State Operated Services				X
1.3.3.	After-care Planning With State Operated Services				X
1.3.4.	Compliance With Diversion Law NCGS 122C-261(f)				X
1.3.5.	Transition To Community Services (Community Capacity Plan)	X			
1.3.5.	Transition To Community Services (Bed Day Allocations)	X	X	X	X
<b>1.4. Provider Relations and Support</b>					
1.4.1.	Proximity				X
1.4.2.	SB 163 Provider Monitoring	X	X	X	X
<b>1.5. Customer Services and Consumer Rights</b>					
1.5.1.	Consumer Rights: Proper Notice Of Appeal Rights				X
<b>1.6. Quality Management and Outcomes Evaluation</b>					
1.6.1.	Quality Improvement Process				X
1.6.2.	Incident Management				X
1.6.3.	Incident Reporting	X	X	X	X
<b>1.7. Business Management and Accounting</b>					
1.7.1.	Accounting and Claims Adjudication				X
<b>1.8. Information Management, Analysis, and Reporting</b>					
1.8.1.	<u>System Monitoring:</u>				
1.8.1.1.	Quarterly Fiscal Monitoring Reports	X			
1.8.1.2.	Cost Finding Report		X		
1.8.1.3.	Paybacks				X
1.8.1.4.	SAPTBG Compliance Report		X		X
1.8.1.5.	Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
1.8.1.6.	Work First Initiative Quarterly Reports	X	X	X	X
1.8.2.	<u>Consumer Information:</u>				
1.8.2.1.	Client Data Warehouse (CDW) - Admissions	X	X	X	X
1.8.2.2.	Client Data Warehouse (CDW) - Missing Data	X	X	X	X
1.8.2.3.	Client Data Warehouse (CDW) - Unknown Data	X	X	X	X
1.8.2.4.	Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
1.8.2.5.	Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
1.8.2.6.	Early Intervention Client Outcome Inventory (EI COI)	X	X	X	X
1.8.2.7.	DD Client Outcome Inventory (DD COI)	X	X	X	X
1.8.2.8.	MH/SA Client Outcome Inventory (MH/SA COI)	X	X	X	X
1.8.2.9.	NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
1.8.2.10.	NC Treatment Outcomes and Program Performance System (Update)				X
1.8.2.11.	National Core Indicators (NCI) Consents and Pre-Surveys			X	
1.8.2.12.	Olmstead Outcome Monitoring	X	X	X	X
1.8.2.13.	NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
1.8.2.14.	Consumer Satisfaction Survey (CSS)			X	

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**Summary of LME Clinical Performance Measures**

LME	Qtr	Percent Met (★ or ★★)	1.2.1. Access to Emergent Care	1.2.2. Access to Urgent Care	1.2.3. Access to Routine Care	1.2.4. Access Line
Foothills	3	100.0%	★★	★★	★	
Onslow	3	100.0%	★★	★★	★	
Southeastern Regional	3	100.0%	★	★	★	
Durham	3	66.7%	★★	★		
Mecklenburg	3	66.7%	★★		★	
Neuse	3	66.7%	★★		★	
Pitt	3	66.7%		★★	★	
Sandhills Center	3	66.7%	★★	★		
Smoky Mountain	3	66.7%	★★	★		
Wake	3	66.7%	★★	★		
CenterPoint	3	33.3%	★★			
Crossroads	3	33.3%	★★			
Cumberland	3	33.3%	★			
Eastpointe	3	33.3%	★			
Johnston	3	33.3%	★★			
New River	3	33.3%	★			
Orange-Person-Chatham	3	33.3%	★★			
Southeastern Center	3	33.3%	★★			
Vance-Granville-Franklin-Warren	3	33.3%	★			
Catawba	3	0.0%				
Guilford	3	0.0%				

Results not included this quarter due to lack of uniformity in data collection.

**State Avg**

Met Best Practice Standard Q3:	25.4%	13 61.9%	3 14.3%	0 0.0%	0 0.0%
Met the SFY 2005 Standard Q3:	25.4%	5 23.8%	5 23.8%	6 28.6%	0 0.0%
Total	50.8%	18 85.7%	8 38.1%	6 28.6%	0 0.0%

**Notes:**

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.

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**Summary of LME System Management Performance Measures**

LME	Qtr	System Management Percent Met <sup>3</sup> (★ or ★★)	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Admissions <sup>2</sup>	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Long-Term <sup>2</sup>	1.3.5. Bed-Day Allocations - Psych Hospital - Child/Adolescent <sup>2</sup>	1.3.5. Bed-Day Allocations - Psych Hospital - Geriatric <sup>2</sup>	1.3.5. Bed-Day Allocations - ADATC <sup>2</sup>	1.4.2. SB 163 Provider Monitoring - Timely Resolution	1.6.3. Incident Reporting
Catawba	3	100.0%	<<	>	>>	<<	<<	★★	☆☆
CenterPoint	3	100.0%	>>	<<	<<	>>	>>	★★	☆☆
Cumberland	3	100.0%	<<	>>	>>	<<	<<	★	☆☆
Durham	3	100.0%	<<	<<	<<	<	<<	★★	☆☆
Eastpointe	3	100.0%	<	<<	>>	<<	>	★★	☆☆
Foothills	3	100.0%	<<	<<	<<	>>	<<	★★	☆☆
Guilford	3	100.0%	<<	<<	<<	<<	<<	★	☆☆
Johnston	3	100.0%	<<	>>	>>	>>	<<	★★	☆
Mecklenburg	3	100.0%	<	<<	>>	>>	<<	★★	☆☆
New River	3	100.0%	<<	<<	<<	<	<	★★	☆☆
Onslow	3	100.0%	<	<<	<<	>>	<<	★★	☆☆
Orange-Person-Chatham	3	100.0%	<<	<<	>	>>	<	★★	☆☆
Pitt	3	100.0%	<<	<<	>>	<	<<	★★	☆☆
Sandhills Center	3	100.0%	<<	<<	<<	>	<<	★★	☆☆
Smoky Mountain	3	100.0%	<<	>	>>	<<	>>	★★	☆☆
Southeastern Regional	3	100.0%	<<	<<	<<	>>	>>	★★	☆☆
Vance-Granville-Franklin-Warren	3	100.0%	>	<<	<<	>>	<<	★★	☆☆
Wake	3	100.0%	<<	>	>>	>>	<<	★★	☆☆
Crossroads	3	0.0%	<	<	>>	>>	>>		☆
Neuse	3	0.0%	<	<<	>>	<	<<		☆☆
Southeastern Center	3	0.0%	>>	<<	>>	>>	<<		☆☆
	State Avg								
Met Best Practice Standard Q3:	76.2%						16 76.2%	19 90.5%	
Met the SFY 2005 Standard Q3:	9.5%						2 9.5%	2 9.5%	
Total	85.7%						18 85.7%	21 100.0%	

**Notes:**

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard. ☆ = On track for meeting the annual Current State Fiscal Year Standard. ☆☆ = On track for meeting the annual Best Practice Standard.
- Bed-Day Allocation Symbols **UTILIZATION ON TRACK:** << YTD utilization is more than 10% below YTD prorated allocation. < YTD utilization is within 10% below YTD prorated allocation. = YTD utilization is equal to YTD prorated allocation.  
**UTILIZATION IS HIGHER:** > YTD utilization is within 10% above YTD prorated allocation. >> YTD utilization is more than 10% above YTD prorated allocation.
- Percent Met only includes measures where the performance standard is met/unmet this quarter. It does not include annual measures (e.g. bed-day allocations, incident reporting, or Work First) for which final results will not be available until later in the year.

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**Summary of LME Administrative Performance Measures**

LME	Qtr	Administration Percent Met <sup>3</sup> (★ or ★★)	1.1.1. Local Business Plan	1.8.1. Quarterly Fiscal Monitoring Reports	1.8.1.5. SA/JJ Initiative Quarterly Reports	1.8.1.6. Work First Initiative Quarterly Reports	1.8.2.2. CDW - Completeness	1.8.2.3. CDW - Unknown Data	1.8.2.4. CDW - Identifying and Demographic Records	1.8.2.5. CDW - Drug of Choice	1.8.2.6. Early Intervention COI	1.8.2.7. DD COI	1.8.2.8. MH/SA COI	1.8.2.9. NC TOPPS (Initial)	1.8.2.11. National Core Indicators Consents and Pre- Surveys	1.8.2.13. NC-SNAP	1.8.2.14. Consumer Satisfaction Survey
Neuse	3	90.0%	★★	★★		☆☆	★★	★★	★★	★					★★	★	★
Sandhills Center	3	90.0%	★★	★★	★★	☆☆	★★	★★	★★	★					★★		★★
Wake	3	90.0%	★★	★★	★★	☆☆	★★	★★	★	★★					★		★
Johnston	3	88.9%	★★	★★		☆☆	★★	★★	★★	★★					★★		★★
Orange-Person-Chatham	3	87.5%	★★			☆☆	★★	★★		★					★★	★	★★
Cumberland	3	80.0%	★★	★★	★★	☆☆	★★	★★	★★	★★							★
Durham	3	80.0%	★★	★★	★★	☆☆	★★	★★	★★	★★							★
Eastpointe	3	80.0%	★★		★	☆☆	★★	★★	★★	★					★★		★
Foothills	3	80.0%	★★	★★		☆☆	★★	★★	★★	★					★★		★★
Southeastern Center	3	80.0%	★★	★★	★★	☆☆	★★	★★	★★	★							★★
Vance-Granville-Franklin-Warren	3	80.0%	★★	★★	★★	☆☆	★★	★★	★★	★							★
Catawba	3	77.8%	★★	★★		☆☆	★★	★★	★★	★★							★★
Crossroads	3	77.8%	★★	★★		☆☆	★★	★★	★★	★							★
New River	3	77.8%	★★	★★		☆☆	★★	★★		★					★★		★★
CenterPoint	3	70.0%	★★		★★	☆☆	★★	★★	★★	★★							★★
Guilford	3	70.0%	★★		★★	☆☆	★★	★★	★★	★★							★★
Mecklenburg	3	70.0%	★★		★★	☆☆	★★	★★	★★	★							★★
Pitt	3	70.0%	★★		★★	☆☆	★★	★★	★						★		★★
Southeastern Regional	3	70.0%	★★	★★	★★	☆☆	★★	★★	★★	★★							
Smoky Mountain	3	66.7%	★★	★★		☆☆	★★	★★	★★								★
Onslow	3	55.6%	★★			☆☆	★★	★★	★	★							
State Avg																	
Met Best Practice Standard Q3:		64.4%	21 100.0%	14 66.7%	11 78.6%	21 100.0%	21 100.0%	21 100.0%	16 76.2%	8 38.1%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	7 33.3%	0 0.0%	11 52.4%
Met the SFY 2005 Standard Q3:		13.4%	0 0.0%	0 0.0%	1 7.1%	0 0.0%	0 0.0%	0 0.0%	3 14.3%	11 52.4%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 9.5%	2 9.5%	8 38.1%
Total		77.7%	21 100.0%	14 66.7%	12 85.7%	21 100.0%	21 100.0%	21 100.0%	19 90.5%	19 90.5%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	9 42.9%	2 9.5%	19 90.5%

**Notes:**

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard. ☆ = On track for meeting the annual Current State Fiscal Year Standard. ☆☆ = On track for meeting the annual Best Practice Standard.
- Bed-Day Allocation Symbols **UTILIZATION ON TRACK:** << YTD utilization is more than 10% below YTD prorated allocation. < YTD utilization is within 10% below YTD prorated allocation. = YTD utilization is equal to YTD prorated allocation.  
**UTILIZATION IS HIGHER:** > YTD utilization is within 10% above YTD prorated allocation. >> YTD utilization is more than 10% above YTD prorated allocation.
- Percent Met only includes measures where the performance standard is met/unmet this quarter. It does not include annual measures (e.g. bed-day allocations, incident reporting, or Work First) for which final results will not be available until later in the year.



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**General Administration and Governance.**  
**1.1.1. Local Business Plan Implementation**

**Performance Requirement:** LME submits a quarterly update report by the 30th day of the month following the end of each quarter. Reports shall be submitted on time, show evidence of Local Business Plan implementation and modification, and contain a signed statement by the Consumer and Family Advisory Council (CFAC) indicating it was given an opportunity to review and comment on the report and any modifications.

**Best Practice Standard:** 100% of reports are received by the due date, show evidence of implementation, and contain a signed CFAC statement.  
**SFY 2005 Standard:** Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/30/04)			2nd Qtr Report (Due 1/30/05)			3rd Qtr Report (Due 4/30/05)			4th Qtr Report (Due 7/30/05)			Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Evidence Implement ation	CFAC Statement	Date Received <sup>1</sup>	Evidence Implement ation	CFAC Statement	Date Received <sup>1</sup>	Evidence Implement ation	CFAC Statement	Date Received <sup>1</sup>	Evidence Implement ation	CFAC Statement	
Alamance-Caswell	Subject to Performance Agreement												
Albemarle	Subject to Performance Agreement												
Catawba							4/14/05	Yes	Yes				★★
CenterPoint							4/29/05	Yes	Yes				★★
Crossroads							4/22/05	Yes	Yes				★★
Cumberland							4/14/05	Yes	Yes				★★
Durham							4/10/05	Yes	Yes				★★
Eastpointe							4/27/05	Yes	Yes				★★
Edgecombe-Nash	Subject to Performance Agreement												
Foothills							4/29/05	Yes	Yes				★★
Guilford							4/27/05	Yes	Yes				★★
Johnston							4/29/05	Yes	Yes				★★
Lee-Harnett	Subject to Performance Agreement												
Mecklenburg							4/29/05	Yes	Yes				★★
Neuse							4/4/05	Yes	Yes				★★
New River							4/30/05	Yes	Yes				★★
Onslow							4/30/05	Yes	Yes				★★
Orange-Person-Chatham							4/25/05	Yes	Yes				★★
Pathways	Subject to Performance Agreement												
Pitt							4/21/05	Yes	Yes				★★
RiverStone	Subject to Performance Agreement												
Roanoke-Chowan	Subject to Performance Agreement												
Rockingham	Subject to Performance Agreement												
Sandhills Center							4/29/05	Yes	Yes				★★
Smoky Mountain							4/30/05	Yes	Yes				★★
Southeastern Center							4/29/05	Yes	Yes				★★
Southeastern Regional							4/26/05	Yes	Yes				★★
Tideland	Subject to Performance Agreement												
Vance-Granville-Franklin-Warren							4/29/05	Yes	Yes				★★
Wake							4/30/05	Yes	Yes				★★
Western Highlands	Subject to Performance Agreement												
Wilson-Greene	Subject to Performance Agreement												

Number and Percent of LMEs that met the Best Practice Standard:

21 (100%)

**Notes:**

1. Dates that are shaded and in bold font indicate reports that are not received by the due date.
2. ★ = Meeting (YTD) or Met (End of Year) SFY 2005 Performance Contract Standard. ★★ = Meeting (YTD) or Met (End of Year) Best Practice Standard.

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**Access, Triage and Referral.**  
**1.2.1. Access to Emergent Care (Current Quarter Detailed Report)**

**Performance Requirement:** LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of the quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

**Best Practice Standard:** 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.  
**SFY 2005 Standard:** 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	Date Report Received <sup>1</sup>	# Persons Requesting Services	Emergent Care								
			Determined To Need		Provided Within 2 Hours		Access Available But Not Seen <sup>2</sup> in 2 Hours		Total Provided Access Within 2 Hours <sup>3</sup>		
			# Persons	% Persons Requesting Services	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	# Persons	% Persons <sup>4</sup> Determined To Need	Met Std <sup>5</sup>
Alamance-Caswell	Subject to Performance Agreement										
Albemarle	Subject to Performance Agreement										
Catawba	4/18/05	1,617	59	3.6%	44	74.6%	3	5.1%	47	79.7%	
CenterPoint	4/28/05	3,172	263	8.3%	250	95.1%	13	4.9%	263	100.0%	★★
Crossroads	4/20/05	1,665	139	8.3%	110	79.1%	29	20.9%	139	100.0%	★★
Cumberland	4/19/05	2,266	173	7.6%	167	96.5%	3	1.7%	170	98.3%	★
Durham	4/20/05	1,561	163	10.4%	163	100.0%		0.0%	163	100.0%	★★
Eastpointe	4/20/05	600	55	9.2%	48	87.3%	3	5.5%	51	92.7%	★
Edgecombe-Nash	Subject to Performance Agreement										
Foothills	4/26/05	2,472	226	9.1%	226	100.0%	0	0.0%	226	100.0%	★★
Guilford	4/27/05	6,716	727	10.8%		0.0%		0.0%		0.0%	
Johnston	4/14/05	536	24	4.5%	23	95.8%	1	4.2%	24	100.0%	★★
Lee-Harnett	Subject to Performance Agreement										
Mecklenburg	4/29/05	1,231	6	0.5%	0	0.0%	6	100.0%	6	100.0%	★★
Neuse	4/19/05	872	122	14.0%	82	67.2%	40	32.8%	122	100.0%	★★
New River	4/18/05	2,835	478	16.9%	423	88.5%	52	10.9%	475	99.4%	★
Onslow	4/26/05	1,001	153	15.3%	153	100.0%	0	0.0%	153	100.0%	★★
Orange-Person-Chatham	4/20/05	684	16	2.3%	14	87.5%	2	12.5%	16	100.0%	★★
Pathways	Subject to Performance Agreement										
Pitt	4/27/05	1,289	42	3.3%	42	100.0%	0	0.0%	42	100.0%	★★
RiverStone	Subject to Performance Agreement										
Roanoke-Chowan	Subject to Performance Agreement										
Rockingham	Subject to Performance Agreement										
Sandhills Center	4/20/05	548	124	22.6%	119	96.0%	5	4.0%	124	100.0%	★★
Smoky Mountain	5/12/05	1,277	340	26.6%	340	100.0%	0	0.0%	340	100.0%	★★
Southeastern Center	4/19/05	1,110	14	1.3%	14	100.0%	0	0.0%	14	100.0%	★★
Southeastern Regional	5/4/05	1,258	90	7.2%	77	85.6%	0	0.0%	77	85.6%	★
Tideland	Subject to Performance Agreement										
Vance-Granville-Franklin-Warren	4/20/05	841	195	23.2%	184	94.4%	5	2.6%	189	96.9%	★
Wake	5/10/05	1,785	346	19.4%	322	93.1%	24	6.9%	346	100.0%	★★
Western Highlands	Subject to Performance Agreement										
Wilson-Greene	Subject to Performance Agreement										
Total		35,336	3,755	10.6%	2,801	74.6%	186	5.0%	2,987	79.5%	

Number and Pct of LMEs that met the Best Practice Standard:

14 (66.7%)

Number and Pct of LMEs that met the SFY 2005 Standard:

5 (23.8%)

Total

19 (90.5%)

**Notes:**

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Access Available But Not Seen** is defined as a qualified provider was on the physical premises ready to provide immediate care as soon as the consumer was available to receive care, but a face-to-face service was not provided within 2 hours of the request for services because the consumer was not available within this time frame to receive it.
- Total Provided Access Within 2 Hours** includes consumers provided emergency care + consumers provided access but not seen within 2 hours of the request
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

2004 - 2005 Performance Contract  
Third Quarter Report  
January 1, 2005 - March 31, 2005

**Access, Triage and Referral.**  
**1.2.1. Access to Emergent Care (Year-to-Date Summary Report)**

**Performance Requirement:** LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

**Best Practice Standard:** 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.  
**SFY 2005 Standard:** 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	1st Quarter							2nd Quarter							3rd Quarter							4th Quarter							
	Date Report Rec'd <sup>1</sup>	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd <sup>1</sup>	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd <sup>1</sup>	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd <sup>1</sup>	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			
			#	%	#	%	Met Std <sup>2</sup>			#	%	#	%	Met Std <sup>2</sup>			#	%	#	%	Met Std <sup>2</sup>			#	%	#	%	Met Std <sup>2</sup>	
Alamance-Caswell			Subject to Performance Agreement							Subject to Performance Agreement																			
Albemarle			Subject to Performance Agreement							Subject to Performance Agreement																			
Catawba															4/18/05	1,617	59	3.6%	47	79.7%									
CenterPoint															4/28/05	3,172	263	8.3%	263	100.0%	★★								
Crossroads															4/20/05	1,665	139	8.3%	139	100.0%	★★								
Cumberland															4/19/05	2,266	173	7.6%	170	98.3%	★								
Durham															4/20/05	1,561	163	10.4%	163	100.0%	★★								
Eastpointe															4/20/05	600	55	9.2%	51	92.7%	★								
Edgecombe-Nash			Subject to Performance Agreement							Subject to Performance Agreement																			
Foothills															4/26/05	2,472	226	9.1%	226	100.0%	★★								
Guilford															4/27/05	6,716	727	10.8%	0	0.0%									
Johnston															4/14/05	536	24	4.5%	24	100.0%	★★								
Lee-Harnett			Subject to Performance Agreement							Subject to Performance Agreement																			
Mecklenburg															4/29/05	1,231	6	0.5%	6	100.0%	★★								
Neuse															4/19/05	872	122	14.0%	122	100.0%	★★								
New River															4/18/05	2,835	478	16.9%	475	99.4%	★								
Onslow															4/26/05	1,001	153	15.3%	153	100.0%	★★								
Orange-Person-Chatham															4/20/05	684	16	2.3%	16	100.0%	★★								
Pathways			Subject to Performance Agreement							Subject to Performance Agreement																			
Pitt															4/27/05	1,289	42	3.3%	0	0.0%									
RiverStone			Subject to Performance Agreement							Subject to Performance Agreement																			
Roanoke-Chowan			Subject to Performance Agreement							Subject to Performance Agreement																			
Rockingham			Subject to Performance Agreement							Subject to Performance Agreement																			
Sandhills Center															4/20/05	548	124	22.6%	124	100.0%	★★								
Smoky Mountain															5/12/05	1,277	340	26.6%	340	100.0%	★★								
Southeastern Center															4/19/05	1,110	14	1.3%	14	100.0%	★★								
Southeastern Regional															5/4/05	1,258	90	7.2%	77	85.6%	★								
Tideland			Subject to Performance Agreement							Subject to Performance Agreement																			
Vance-Granville-Franklin-Warren															4/20/05	841	195	23.2%	189	96.9%	★								
Wake															5/10/05	1,785	346	19.4%	346	100.0%	★★								
Western Highlands			Subject to Performance Agreement							Subject to Performance Agreement																			
Wilson-Greene			Subject to Performance Agreement							Subject to Performance Agreement																			

Number and Pct of LMEs that met the Best Practice Standard:	0 (0%)	0 (0%)	13 (65%)	0 (0%)
Number and Pct of LMEs that met the SFY 2005 Standard:	0 (0%)	0 (0%)	5 (25%)	0 (0%)
Total	0 (0%)	0 (0%)	18 (90%)	0 (0%)

**Notes:**

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

**Access, Triage and Referral.**  
**1.2.2. Access to Urgent Care (Current Quarter Detailed Report)**

**Performance Requirement:** LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

**Best Practice Standard:** 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

**SFY 2005 Standard:** 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Local Management Entity	Date Report Received <sup>1</sup>	# Persons Requesting Services	Urgent Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 48 Hours			Offered But Declined <sup>2</sup>		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons <sup>3</sup> Determined To Need	Met Std <sup>4</sup>	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell	Subject to Performance Agreement											
Albemarle	Subject to Performance Agreement											
Catawba	4/18/05	1,617	25	1.5%	21	84.0%		1	4.0%	3	12.0%	100.0%
CenterPoint	4/28/05	3,172	127	4.0%		0.0%			0.0%		0.0%	0.0%
Crossroads	4/20/05	1,665	117	7.0%	69	59.0%		0	0.0%	31	26.5%	85.5%
Cumberland	4/19/05	2,266	105	4.6%	88	83.8%		9	8.6%	1	1.0%	93.3%
Durham	4/20/05	1,561	546	35.0%	536	98.2%	★	4	0.7%	6	1.1%	100.0%
Eastpointe	4/20/05	600	32	5.3%	13	40.6%		17	53.1%	2	6.3%	100.0%
Edgecombe-Nash	Subject to Performance Agreement											
Foothills	4/26/05	2,472	102	4.1%	102	100.0%	★★	0	0.0%	0	0.0%	100.0%
Guilford	4/27/05	6,716	77	1.1%		0.0%			0.0%		0.0%	0.0%
Johnston	4/14/05	536	15	2.8%	8	53.3%		1	6.7%	4	26.7%	86.7%
Lee-Harnett	Subject to Performance Agreement											
Mecklenburg	4/29/05	1,231	18	1.5%	3	16.7%		0	0.0%	15	83.3%	100.0%
Neuse	4/19/05	872	112	12.8%	71	63.4%			0.0%		0.0%	63.4%
New River	4/18/05	2,835	306	10.8%	221	72.2%		34	11.1%	46	15.0%	98.4%
Onslow	4/26/05	1,001	368	36.8%	368	100.0%	★★	0	0.0%	0	0.0%	100.0%
Orange-Person-Chatham	4/20/05	684	22	3.2%	9	40.9%		6	27.3%	4	18.2%	86.4%
Pathways	Subject to Performance Agreement											
Pitt	4/27/05	1,289	29	2.2%	29	100.0%	★★		0.0%		0.0%	100.0%
RiverStone	Subject to Performance Agreement											
Roanoke-Chowan	Subject to Performance Agreement											
Rockingham	Subject to Performance Agreement											
Sandhills Center	4/20/05	548	100	18.2%	89	89.0%	★	4	4.0%	5	5.0%	98.0%
Smoky Mountain	5/12/05	1,277	121	9.5%	104	86.0%	★	9	7.4%	8	6.6%	100.0%
Southeastern Center	4/19/05	1,110	99	8.9%	84	84.8%		4	4.0%	3	3.0%	91.9%
Southeastern Regional	5/4/05	1,258	171	13.6%	157	91.8%	★	2	1.2%	6	3.5%	96.5%
Tideland	Subject to Performance Agreement											
Vance-Granville-Franklin-Warren	4/20/05	841	55	6.5%	43	78.2%		6	10.9%	5	9.1%	98.2%
Wake	5/10/05	1,785	358	20.1%	313	87.4%	★	18	5.0%	27	7.5%	100.0%
Western Highlands	Subject to Performance Agreement											
Wilson-Greene	Subject to Performance Agreement											
Total		35,336	2,905	8.2%	2,328	80.1%		115	4.0%	166	5.7%	89.8%

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2005 Standard:

Total

3 (14.3%)

5 (23.8%)

8 (38.1%)

**Notes:**

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.

2. **Offered But Declined** includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.

3. Percents that are less than 85% are shaded and in bold font.

4. ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

2004 - 2005 Performance Contract  
Third Quarter Report  
January 1, 2005 - March 31, 2005

**Access, Triage and Referral.**  
**1.2.2. Access to Urgent Care (Year-to-Date Summary Report)**

**Performance Requirement:** LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

**Best Practice Standard:** 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

**SFY 2005 Standard:** 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Area Authority/ County Program	1st Quarter							2nd Quarter							3rd Quarter							4th Quarter						
	Date Report Rec'd <sup>1</sup>	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd <sup>1</sup>	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd <sup>1</sup>	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd <sup>1</sup>	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours		
			#	%	#	%	Met Std <sup>2</sup>			#	%	#	%	Met Std <sup>2</sup>			#	%	#	%	Met Std <sup>2</sup>			#	%	#	%	Met Std <sup>2</sup>
Alamance-Caswell			Subject to Performance Agreement							Subject to Performance Agreement																		
Albemarle			Subject to Performance Agreement							Subject to Performance Agreement																		
Catawba															4/18/05	1,617	25	1.5%	21	84.0%								
CenterPoint															4/28/05	3,172	127	4.0%	0	0.0%								
Crossroads															4/20/05	1,665	117	7.0%	69	59.0%								
Cumberland															4/19/05	2,266	105	4.6%	88	83.8%								
Durham															4/20/05	1,561	546	35.0%	536	98.2%	★							
Eastpointe															4/20/05	600	32	5.3%	13	40.6%								
Edgecombe-Nash			Subject to Performance Agreement							Subject to Performance Agreement																		
Foothills															4/26/05	2,472	102	4.1%	102	100.0%	★★							
Guilford															4/27/05	6,716	77	1.1%	0	0.0%								
Johnston															4/14/05	536	15	2.8%	8	53.3%								
Lee-Harnett			Subject to Performance Agreement							Subject to Performance Agreement																		
Mecklenburg															4/29/05	1,231	18	1.5%	3	16.7%								
Neuse															4/19/05	872	112	12.8%	71	63.4%								
New River															4/18/05	2,835	306	10.8%	221	72.2%								
Onslow															4/26/05	1,001	368	36.8%	368	100.0%	★★							
Orange-Person-Chatham			Subject to Performance Agreement							Subject to Performance Agreement					4/20/05	684	22	3.2%	9	40.9%								
Pathways			Subject to Performance Agreement							Subject to Performance Agreement																		
Pitt															4/27/05	1,289	29	2.2%	29	100.0%	★★							
RiverStone			Subject to Performance Agreement							Subject to Performance Agreement																		
Roanoke-Chowan			Subject to Performance Agreement							Subject to Performance Agreement																		
Rockingham			Subject to Performance Agreement							Subject to Performance Agreement																		
Sandhills Center															4/20/05	548	100	18.2%	89	89.0%	★							
Smoky Mountain															5/12/05	1,277	121	9.5%	104	86.0%	★							
Southeastern Center															4/19/05	1,110	99	8.9%	84	84.8%								
Southeastern Regional															5/4/05	1,258	171	13.6%	157	91.8%	★							
Tideland			Subject to Performance Agreement							Subject to Performance Agreement																		
Vance-Granville-Franklin-Warren															4/20/05	841	55	6.5%	43	78.2%								
Wake															5/10/05	1,785	358	20.1%	313	87.4%	★							
Western Highlands			Subject to Performance Agreement							Subject to Performance Agreement																		
Wilson-Greene			Subject to Performance Agreement							Subject to Performance Agreement																		

Number and Pct of Area Authorities/County Programs that met the Best Practice Standard: 0 (0%)

0 (0%)

3 (15%)

0 (0%)

Number and Pct of Area Authorities/County Programs that met the SFY 2005 Standard: 0 (0%)

0 (0%)

5 (25%)

0 (0%)

Total 0 (0%)

0 (0%)

8 (40%)

0 (0%)

**Notes:**

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.

2. ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

2004 - 2005 Performance Contract  
Third Quarter Report  
January 1, 2005 - March 31, 2005

**Access, Triage and Referral.**  
**1.2.3. Access to Routine Care (Current Quarter Detailed Report)**

**Performance Requirement:** LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

**Best Practice Standard:** 100% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

**SFY 2005 Standard:** 85% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Local Management Entity	Date Report Received¹	# Persons Requesting Services	Routine Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 7 Days			Offered But Declined²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons³ Determined To Need	Met Std⁴	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell	Subject to Performance Agreement											
Albemarle	Subject to Performance Agreement											
Catawba	4/18/05	1,617	1,006	62.2%	376	37.4%		75	7.5%	120	11.9%	56.8%
CenterPoint	4/28/05	3,172	1,133	35.7%		0.0%			0.0%		0.0%	0.0%
Crossroads	4/20/05	1,665	1,381	82.9%	527	38.2%		0	0.0%	157	11.4%	49.5%
Cumberland	4/19/05	2,266	1,273	56.2%	716	56.2%		150	11.8%	318	25.0%	93.0%
Durham	4/20/05	1,561	934	59.8%	456	48.8%		36	3.9%	246	26.3%	79.0%
Eastpointe	4/20/05	600	513	85.5%	238	46.4%		231	45.0%	44	8.6%	100.0%
Edgecombe-Nash	Subject to Performance Agreement											
Foothills	4/26/05	2,472	2,144	86.7%	1,990	92.8%	★	0	0.0%	154	7.2%	100.0%
Guilford	4/27/05	6,716	2,143	31.9%		0.0%			0.0%		0.0%	0.0%
Johnston	4/14/05	536	497	92.7%	154	31.0%		181	36.4%	147	29.6%	97.0%
Lee-Harnett	Subject to Performance Agreement											
Mecklenburg	4/29/05	1,231	1,207	98.1%	1,088	90.1%	★	45	3.7%	74	6.1%	100.0%
Neuse	4/19/05	872	596	68.3%	548	91.9%	★		0.0%		0.0%	91.9%
New River	4/18/05	2,835	1,652	58.3%	1,007	61.0%		179	10.8%	438	26.5%	98.3%
Onslow	4/26/05	1,001	467	46.7%	419	89.7%	★	0	0.0%	33	7.1%	96.8%
Orange-Person-Chatham	4/20/05	684	643	94.0%	372	57.9%		39	6.1%	207	32.2%	96.1%
Pathways	Subject to Performance Agreement											
Pitt	4/27/05	1,289	144	11.2%	132	91.7%	★	3	2.1%	9	6.3%	100.0%
RiverStone	Subject to Performance Agreement											
Roanoke-Chowan	Subject to Performance Agreement											
Rockingham	Subject to Performance Agreement											
Sandhills Center	4/20/05	548	324	59.1%	189	58.3%		18	5.6%	22	6.8%	70.7%
Smoky Mountain	5/12/05	1,277	817	64.0%	675	82.6%		12	1.5%	130	15.9%	100.0%
Southeastern Center	4/19/05	1,110	883	79.5%	643	72.8%		24	2.7%	133	15.1%	90.6%
Southeastern Regional	5/4/05	1,258	997	79.3%	906	90.9%	★	14	1.4%	34	3.4%	95.7%
Tideland	Subject to Performance Agreement											
Vance-Granville-Franklin-Warren	4/20/05	841	591	70.3%	229	38.7%		10	1.7%	83	14.0%	54.5%
Wake	5/10/05	1,785	1,081	60.6%	782	72.3%		33	3.1%	266	24.6%	100.0%
Western Highlands	Subject to Performance Agreement											
Wilson-Greene	Subject to Performance Agreement											
Total		35,336	20,426	57.8%	11,447	56.0%		1,050	5.1%	2,615	12.8%	74.0%

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2005 Standard:

Total

0 (0%)  
6 (28.6%)  
6 (28.6%)

**Notes:**

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. Offered But Declined includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
3. Percents that are less than 85% are shaded and in bold font.
4. ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

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**Access, Triage and Referral.**  
**1.2.3. Access to Routine Care (Year-to-Date Summary Report)**

**Performance Requirement:** LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

**Best Practice Standard:** 100% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

**SFY 2005 Standard:** 85% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Area Authority/ County Program	1st Quarter								2nd Quarter								3rd Quarter								4th Quarter									
	Date Report Rec'd <sup>1</sup>	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days			Met Std <sup>2</sup>	Date Report Rec'd <sup>1</sup>	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days			Met Std <sup>2</sup>	Date Report Rec'd <sup>1</sup>	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days			Met Std <sup>2</sup>										
			#	%	#	%	#				%	#	%	#	%				#	%	#	%	#		%	#	%	#	%	Met Std <sup>2</sup>				
Alamance-Caswell			Subject to Performance Agreement								Subject to Performance Agreement																							
Albemarle			Subject to Performance Agreement								Subject to Performance Agreement																							
Catawba																	4/18/05	1,617	1,006	62.2%	376	37.4%												
CenterPoint																	4/28/05	3,172	1,133	35.7%	0	0.0%												
Crossroads																	4/20/05	1,665	1,381	82.9%	527	38.2%												
Cumberland																	4/19/05	2,266	1,273	56.2%	716	56.2%												
Durham																	4/20/05	1,561	934	59.8%	456	48.8%												
Eastpointe																	4/20/05	600	513	85.5%	238	46.4%												
Edgecombe-Nash			Subject to Performance Agreement								Subject to Performance Agreement																							
Foothills																	4/26/05	2,472	2,144	86.7%	1,990	92.8%	★											
Guilford																	4/27/05	6,716	2,143	31.9%	0	0.0%												
Johnston																	4/14/05	536	497	92.7%	154	31.0%												
Lee-Harnett			Subject to Performance Agreement								Subject to Performance Agreement																							
Mecklenburg																	4/29/05	1,231	1,207	98.1%	1,088	90.1%	★											
Neuse																	4/19/05	872	596	68.3%	548	91.9%	★											
New River																	4/18/05	2,835	1,652	58.3%	1,007	61.0%												
Onslow																	4/26/05	1,001	467	46.7%	419	89.7%	★											
Orange-Person-Chatham			Subject to Performance Agreement								Subject to Performance Agreement						4/20/05	684	643	94.0%	372	57.9%												
Pathways			Subject to Performance Agreement								Subject to Performance Agreement																							
Pitt																	4/27/05	1,289	144	11.2%	132	91.7%	★											
RiverStone			Subject to Performance Agreement								Subject to Performance Agreement																							
Roanoke-Chowan			Subject to Performance Agreement								Subject to Performance Agreement																							
Rockingham			Subject to Performance Agreement								Subject to Performance Agreement																							
Sandhills Center																	4/20/05	548	324	59.1%	189	58.3%												
Smoky Mountain																	5/12/05	1,277	817	64.0%	675	82.6%												
Southeastern Center																	4/19/05	1,110	883	79.5%	643	72.8%												
Southeastern Regional																	5/4/05	1,258	997	79.3%	906	90.9%	★											
Tideland			Subject to Performance Agreement								Subject to Performance Agreement																							
Vance-Granville-Franklin-Warren																	4/20/05	841	591	70.3%	229	38.7%												
Wake																	5/10/05	1,785	1,081	60.6%	782	72.3%												
Western Highlands			Subject to Performance Agreement								Subject to Performance Agreement																							
Wilson-Greene			Subject to Performance Agreement								Subject to Performance Agreement																							

Number and Pct of Area Authorities/County Programs that met the Best Practice Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Number and Pct of Area Authorities/County Programs that met the SFY 2005 Standard:	0 (0%)	0 (0%)	6 (28.6%)	0 (0%)
Total	0 (0%)	0 (0%)	6 (28.6%)	0 (0%)

**Notes:**

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

**Access, Triage and Referral.**  
**1.2.4. Access Line**

**Performance Requirement:** LME maintains a toll-free Access Line that is staffed 24 hours per day every day with trained personnel. Calls are answered within 6 rings. DHHS will monitor the number of rings it takes to answer the Access Line through a mystery shopper program. A minimum of 10 calls per quarter will be sampled.

**Best Practice Standard:** 100% of calls are answered within 6 rings.

**SFY 2005 Standard:** 85% of calls are answered within 6 rings.

Local Management Entity	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
	# Calls Made	Answered Within 6 Rings		# Calls Made	Answered Within 6 Rings		# Calls Made	Answered Within 6 Rings		# Calls Made	Answered Within 6 Rings	
		#	% <sup>2</sup>		#	% <sup>2</sup>		#	% <sup>2</sup>		#	% <sup>2</sup>
Alamance-Caswell	Subject to Performance Agreement											
Albemarle	Subject to Performance Agreement											
Catawba												
CenterPoint												
Crossroads												
Cumberland												
Durham												
Eastpointe												
Edgecombe-Nash	Subject to Performance Agreement											
Foothills												
Guilford												
Johnston												
Lee-Harnett	Subject to Performance Agreement											
Mecklenburg												
Neuse												
New River												
Onslow												
Orange-Person-Chatham	Subject to Performance Agreement											
Pathways	Subject to Performance Agreement											
Pitt												
RiverStone	Subject to Performance Agreement											
Roanoke-Chowan	Subject to Performance Agreement											
Rockingham	Subject to Performance Agreement											
Sandhills Center												
Smoky Mountain												
Southeastern Center												
Southeastern Regional												
Tideland	Subject to Performance Agreement											
Vance-Granville-Franklin-Warren												
Wake												
Western Highlands	Subject to Performance Agreement											
Wilson-Greene	Subject to Performance Agreement											

Results not included this quarter due to lack of uniformity in data collection.

Number and Pct of LMEs that met the Best Practice Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Number and Pct of LMEs that met the SFY 2005 Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	0 (0%)	0 (0%)	0 (0%)	0 (0%)

**Notes:**

- ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.
- Percents less than 85% are shaded.



**Service Management.**  
**1.3.5. Transition To Community Services (Psychiatric Hospital Bed-Day Allocations)**  
**(Cumulative Year-To-Date)**

**Performance Requirement:** In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

**Best Practice Standard:** The LME uses 90% or less of its annual bed-day allocation per category.  
**SFY 2005 Standard:** The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Psychiatric Hospital - Adult Admissions				Psychiatric Hospital - Adult Long-Term				Psychiatric Hospital - Child/Adolescent				Psychiatric Hospital - Geriatric			
	Annual Allocation	YTD # Used	YTD % Used <sup>1</sup>	Standard Met <sup>2</sup>	Annual Allocation	YTD # Used	YTD % Used <sup>1</sup>	Standard Met <sup>2</sup>	Annual Allocation	YTD # Used	YTD % Used <sup>1</sup>	Standard Met <sup>2</sup>	Annual Allocation	YTD # Used	YTD % Used <sup>1</sup>	Standard Met <sup>2</sup>
YTD straight-line percentage:	75%				75%				75%				75%			
Alamance-Caswell	Subject to Performance Agreement															
Albemarle	Subject to Performance Agreement															
Catawba	1,160	613	52.8%		1,159	899	77.6%		472	411	87.1%		267	19	7.1%	
CenterPoint	7,251	6,363	87.8%		7,717	3,259	42.2%		2,405	1,425	59.3%		1,052	1,406	133.7%	
Crossroads	4,180	2,918	69.8%		2,441	1,604	65.7%		1,041	982	94.3%		350	684	195.4%	
Cumberland	3,506	2,177	62.1%		2,090	2,132	102.0%		591	504	85.3%		681	419	61.5%	
Durham	7,611	4,287	56.3%		7,682	2,081	27.1%		5,195	2,896	55.7%		1,259	840	66.7%	
Eastpointe	7,044	4,966	70.5%		11,500	6,835	59.4%		833	1,115	133.9%		2,156	779	36.1%	
Edgecombe-Nash	Subject to Performance Agreement															
Foothills	5,871	3,413	58.1%		3,631	1,442	39.7%		2,405	1,027	42.7%		1,442	1,356	94.0%	
Guilford	10,043	5,176	51.5%		7,749	4,171	53.8%		3,626	1,882	51.9%		1,266	657	51.9%	
Johnston	1,251	450	36.0%		389	1,434	368.6%		1,436	1,276	88.9%		443	396	89.4%	
Lee-Harnett	Subject to Performance Agreement															
Mecklenburg	5,065	3,400	67.1%		6,881	4,224	61.4%		567	598	105.5%		1,070	1,082	101.1%	
Neuse	3,251	2,368	72.8%		7,924	2,975	37.5%		781	938	120.1%		735	537	73.1%	
New River	3,351	2,145	64.0%		2,347	1,029	43.8%		855	394	46.1%		617	427	69.2%	
Onslow	2,273	1,540	67.8%		2,511	1,476	58.8%		446	224	50.2%		170	207	121.8%	
Orange-Person-Chatham	4,090	1,852	45.3%		3,545	1,238	34.9%		2,341	1,815	77.5%		792	1,023	129.2%	
Pathways	Subject to Performance Agreement															
Pitt	2,917	1,597	54.7%		4,910	2,985	60.8%		409	608	148.7%		412	308	74.8%	
RiverStone	Subject to Performance Agreement															
Roanoke-Chowan	Subject to Performance Agreement															
Rockingham	Subject to Performance Agreement															
Sandhills Center	4,712	2,463	52.3%		2,720	1,752	64.4%		2,105	799	38.0%		1,160	923	79.6%	
Smoky Mountain	3,794	1,814	47.8%		2,288	1,804	78.8%		927	968	104.4%		507	283	55.8%	
Southeastern Center	4,291	3,951	92.1%		8,977	4,746	52.9%		858	1,400	163.2%		530	485	91.5%	
Southeastern Regional	2,713	1,211	44.6%		1,490	915	61.4%		1,002	589	58.8%		733	723	98.6%	
Tideland	Subject to Performance Agreement													819		
Vance-Granville-Franklin-Warren	3,735	2,809	75.2%		3,107	835	26.9%		2,427	975	40.2%		907	795	87.7%	
Wake	12,542	7,863	62.7%		7,794	6,021	77.3%		5,449	5,618	103.1%		3,618	4,729	130.7%	
Western Highlands	Subject to Performance Agreement															
Wilson-Greene	Subject to Performance Agreement															

Number and Pct of LMEs that met the Best Practice Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Number and Pct of LMEs that met the SFY 2005 Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	0 (0%)	0 (0%)	0 (0%)	0 (0%)

**Notes:**

- Percentages that exceed the annual SFY 2005 Performance Contract Standard are shaded red and in bold print. YTD straight-line percentage for the current quarter is 75%. Percentages that exceed the YTD straight-line percentage are highlighted yellow.
- ★ = Has met the annual SFY 2005 Performance Contract Standard. ★★ = Has met the annual Best Practice Standard. Standard Met is reported at the end of the year in the fourth quarter report.

**Service Management.**  
**1.3.5. Transition To Community Services (ADATC Bed-Day Allocations)**  
**(Cumulative Year-To-Date)**

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.

SFY 2005 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Alcohol and Drug Abuse Treatment Center (ADATC) - Substance Abuse			
	Annual Allocation	YTD # Used	YTD % Used <sup>1</sup> [Straight-line = 75%]	Standard Met <sup>2</sup>
Alamance-Caswell	Subject to Performance Agreement			
Albemarle	Subject to Performance Agreement			
Catawba	1,118	411	36.8%	
CenterPoint	1,068	984	92.1%	
Crossroads	919	1,074	<b>116.9%</b>	
Cumberland	763	187	24.5%	
Durham	2,336	856	36.6%	
Eastpointe	1,992	1,677	84.2%	
Edgecombe-Nash	Subject to Performance Agreement			
Foothills	2,180	1,305	59.9%	
Guilford	2,515	1,400	55.7%	
Johnston	580	80	13.8%	
Lee-Harnett	Subject to Performance Agreement			
Mecklenburg	5,752	2,544	44.2%	
Neuse	992	264	26.6%	
New River	1,189	804	67.6%	
Onslow	1,853	1,146	61.8%	
Orange-Person-Chatham	2,546	1,740	68.3%	
Pathways	Subject to Performance Agreement			
Pitt	1,753	970	55.3%	
RiverStone	Subject to Performance Agreement			
Roanoke-Chowan	Subject to Performance Agreement			
Rockingham	Subject to Performance Agreement			
Sandhills Center	2,709	1,721	63.5%	
Smoky Mountain	1,763	1,986	<b>112.6%</b>	
Southeastern Center	4,500	1,839	40.9%	
Southeastern Regional	1,403	1,298	92.5%	
Tideland	Subject to Performance Agreement			
Vance-Granville-Franklin-Warren	1,543	689	44.7%	
Wake	1,335	174	13.0%	
Western Highlands	Subject to Performance Agreement			
Wilson-Greene	Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0%)

Total

0 (0%)

Notes:

- Percentages that exceed the annual SFY 2005 Performance Contract Standard are shaded and in bold print. YTD straight-line percentage for the current quarter is 75%. Percentages that exceed the YTD straight-line percentage are highlighted yellow.
- ★ = Has met the annual SFY 2005 Performance Contract Standard. ★★ = Has met the annual Best Practice Standard. Standard Met is reported at the end of the year in the fourth quarter report.

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**Provider Relations And Support.**  
**1.4.2. SB 163 Provider Monitoring**

**Performance Requirement:** The LME develops Provider Monitoring policies and procedures and monitors providers in its catchment area in accordance with SL 2002-164, 10A NCAC 27G .0600, and its written policies and procedures. The LME shall submit monthly Provider Monitoring Reports to DHHS summarizing its monitoring activities. These reports shall be reviewed to ensure that identified issues are being followed-up and resolved or referred to DHHS in a timely manner. DHHS shall annually review the LME's written policies and procedures (P&Ps) to ensure that all required elements are addressed and shall review the LME's implementation of its P&Ps.

**Best Practice Standard:** Policies and procedures are developed, contain all required elements, and are implemented. **100%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

**SFY 2005 Standard:** Policies and procedures are developed, contain all required elements, and are implemented. **85%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

Local Management Entity	# of Providers Monitored	# of Providers With Issues	# With Issues Addressed <sup>1</sup> Within Timelines	# With Issues Referred to DHHS	% Addressed or Referred <sup>2</sup>	Standard Met <sup>3</sup>	P&Ps Contain All Required Elements	P&Ps Satisfactorily Implemented	Standard Met <sup>3</sup>
Alamance-Caswell		Subject to Performance Agreement							
Albemarle		Subject to Performance Agreement							
Catawba	15	15	13	2	100.0%	★★	Results for this portion of the report will be provided in the First Quarter FY06 report.		
CenterPoint	34	15	14	1	100.0%	★★			
Crossroads	23	8	0	0	0.0%				
Cumberland	53	47	42	0	89.4%	★			
Durham	1	0				★★			
Eastpointe	7	6	6	0	100.0%	★★			
Edgecombe-Nash		Subject to Performance Agreement							
Foothills	5	0				★★			
Guilford	24	18	15	2	94.4%	★			
Johnston	3	1	0	1	100.0%	★★			
Lee-Harnett		Subject to Performance Agreement							
Mecklenburg	28	13	8	5	100.0%	★★			
Neuse	11	11	4	1	45.5%				
New River	6	6	6	0	100.0%	★★			
Onslow	24	4	4	0	100.0%	★★			
Orange-Person-Chatham	1	1	1	0	100.0%	★★			
Pathways		Subject to Performance Agreement							
Pitt	1	1	1	0	100.0%	★★			
RiverStone		Subject to Performance Agreement							
Roanoke-Chowan		Subject to Performance Agreement							
Rockingham		Subject to Performance Agreement							
Sandhills Center	1	1	1	0	100.0%	★★			
Smoky Mountain	6	6	6	0	100.0%	★★			
Southeastern Center	0								
Southeastern Regional	13	7	7	0	100.0%	★★			
Tideland		Subject to Performance Agreement							
Vance-Granville-Franklin-Warren	4	4	4	0	100.0%	★★			
Wake	5	3	3	0	100.0%	★★			
Western Highlands		Subject to Performance Agreement							
Wilson-Greene		Subject to Performance Agreement							

Number and Pct of LMEs that met the Best Practice Standard:

16 (80%)

0 (0%)

Number and Pct of LMEs that met the SFY 2005 Standard:

2 (10%)

0 (0%)

Total

18 (90%)

0 (0%)

**Notes:**

1. "Addressed" means that as of the date of the monthly monitoring report (4 months following the monitoring visit), either the issues have been resolved, or improvement plans have been implemented and the LME is working with the provider to ensure that improvements are sustained.

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**Quality Management and Outcomes Evaluation.**  
**1.6.3. Incident Reporting**

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) recommendations for next steps. DHHS will review the reports for evidence of an effective incident review process.

Best Practice Standard: 100% of reports show clear evidence of an effective process that contains all elements (1)-(5).  
SFY 2005 Standard: 75% of reports identify trends, contain plans, actions and results [elements (1)-(4)] for how the LME is addressing those trends to make improvement in services.

Local Management Entity	1st Qtr Report (Due 10/20/04)		2nd Qtr Report (Due 1/20/05)		3rd Qtr Report (Due 4/20/05)		4th Qtr Report (Due 7/20/05)		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Elements Included	Date Received <sup>1</sup>	Elements Included	Date Received <sup>1</sup>	Elements Included	Date Received <sup>1</sup>	Elements Included	
Alamance-Caswell	Subject to Performance Agreement								
Albemarle	Subject to Performance Agreement								
Catawba	NA		NA		4/18/05	All 5			☆☆
CenterPoint	NA		NA		4/19/05	All 5			☆☆
Crossroads	NA		NA		4/19/05	First 4			☆
Cumberland	NA		NA		4/14/05	All 5			☆☆
Durham	NA		NA		4/20/05	All 5			☆☆
Eastpointe	NA		NA		4/19/05	All 5			☆☆
Edgecombe-Nash	Subject to Performance Agreement								
Foothills	NA		NA		4/7/05	All 5			☆☆
Guilford	NA		NA		4/21/05	All 5			☆☆
Johnston	NA		NA		4/19/05	First 4			☆
Lee-Harnett	Subject to Performance Agreement								
Mecklenburg	NA		NA		4/27/05	All 5			☆☆
Neuse	NA		NA		4/14/05	All 5			☆☆
New River	NA		NA		4/21/05	All 5			☆☆
Onslow	NA		NA		5/2/05	All 5			☆☆
Orange-Person-Chatham	NA		NA		4/19/05	All 5			☆☆
Pathways	Subject to Performance Agreement								
Pitt	NA		NA		4/11/05	All 5			☆☆
RiverStone	Subject to Performance Agreement								
Roanoke-Chowan	Subject to Performance Agreement								
Rockingham	Subject to Performance Agreement								
Sandhills Center	NA		NA		4/20/05	All 5			☆☆
Smoky Mountain	NA		NA		4/20/05	All 5			☆☆
Southeastern Center	NA		NA		4/20/05	All 5			☆☆
Southeastern Regional	NA		NA		4/20/05	All 5			☆☆
Tideland	Subject to Performance Agreement								
Vance-Granville-Franklin-Warren	NA		NA		4/22/05	All 5			☆☆
Wake	NA		NA		4/19/05	All 5			☆☆
Western Highlands	Subject to Performance Agreement								
Wilson-Greene	Subject to Performance Agreement								

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the Best Practice Standard:

19 (90.5%)

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the SFY 2005 Standard

2 (9.5%)

Total

21 (100%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Date received does not affect if the performance standard is met.
- ☆☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.  
★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

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**Information Management, Analysis, and Reporting.**  
**1.8.1.1. System Monitoring - Quarterly Fiscal Monitoring Report**

**Performance Requirement:** LME submits all required system monitoring reports in acceptable format by the 20th day of the month following the end of the quarter. Reports are accurate and complete.

**Best Practice Standard:** 100% of reports are accurate, complete, and received by the due date.

**SFY 2005 Standard:** Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/20/04)		2nd Qtr Report (Due 1/20/05)		3rd Qtr Report (Due 4/20/05)		4th Qtr Cash-Basis Report (Due 7/20/05)		4th Qtr Accrual- Basis Report (Due 7/20/05)		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Accurate, Complete	Date Received <sup>1</sup>	Accurate, Complete	Date Received <sup>1</sup>	Accurate, Complete	Date Received <sup>1</sup>	Accurate, Complete	Date Received <sup>1</sup>	Accurate, Complete	
Alamance-Caswell	Subject to Performance Agreement										
Albemarle	Subject to Performance Agreement										
Catawba					4/20/05	Yes					★★
CenterPoint					Not Recd						
Crossroads					4/20/05	Yes					★★
Cumberland					4/20/05	Yes					★★
Durham					4/20/05	Yes					★★
Eastpointe					Not Recd						
Edgecombe-Nash	Subject to Performance Agreement										
Foothills					4/20/05	Yes					★★
Guilford					Not Recd						
Johnston					4/20/05	Yes					★★
Lee-Harnett	Subject to Performance Agreement										
Mecklenburg					Not Recd						
Neuse					4/20/05	Yes					★★
New River					4/20/05	Yes					★★
Onslow					Not Recd						
Orange-Person-Chatham					Not Recd						
Pathways	Subject to Performance Agreement										
Pitt					Not Recd						
RiverStone	Subject to Performance Agreement										
Roanoke-Chowan	Subject to Performance Agreement										
Rockingham	Subject to Performance Agreement										
Sandhills Center					4/20/05	Yes					★★
Smoky Mountain					4/20/05	Yes					★★
Southeastern Center					4/20/05	Yes					★★
Southeastern Regional					4/15/05	Yes					★★
Tideland	Subject to Performance Agreement										
Vance-Granville-Franklin-Warren					4/20/05	Yes					★★
Wake					4/20/05	Yes					★★
Western Highlands	Subject to Performance Agreement										
Wilson-Greene	Subject to Performance Agreement										

Number and Percent of LMEs that met the Best Practice Standard:

14 (66.7%)

**Notes:**

1. Dates that are shaded and in bold font indicate reports that are not received by the due date
2. ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

2004 - 2005 Performance Contract  
Third Quarter Report  
January 1, 2005 - March 31, 2005

**Information Management, Analysis, and Reporting.**  
**1.8.1.5. System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports**

**Performance Requirement:** LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

**Best Practice Standard:** 100% of reports are accurate, complete, and received by the due date.

**SFY 2005 Standard:** 100% of reports are accurate, complete. 75% are received on-time and 100% of reports are received no later than 10 calendar days after the due date.

Local Management Entity	3rd Qtr Reports (Due 4/20/05)										4th Qtr Reports (Due 7/20/05)									
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Youth Devel. Center		Standard Met <sup>2</sup>		Juvenile Detention		MAJORS		Multi-purpose Group Home		Youth Devel. Center		Standard Met <sup>2</sup>	
	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete			Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete		
Alamance-Caswell									Subject to Performance Agreement										Subject to Performance Agreement	
Albemarle									Subject to Performance Agreement										Subject to Performance Agreement	
Catawba																				
CenterPoint	4/20/05	Yes	4/20/05	Yes					★★											
Crossroads																				
Cumberland	4/18/05	Yes	4/18/05	Yes					★★											
Durham	4/20/05	Yes	4/15/05	Yes					★★											
Eastpointe					4/28/05	Yes	4/19/05	Yes	★											
Edgecombe-Nash									Subject to Performance Agreement										Subject to Performance Agreement	
Foothills	Not Rec'd																			
Guilford	4/18/05	Yes	4/15/05	Yes					★★											
Johnston																				
Lee-Harnett									Subject to Performance Agreement										Subject to Performance Agreement	
Mecklenburg	3/31/05	Yes							★★											
Neuse			4/20/05	No	4/20/05	No														
New River																				
Onslow																				
Orange-Person-Chatham																				
Pathways									Subject to Performance Agreement										Subject to Performance Agreement	
Pitt	4/14/05	Yes	4/14/05	Yes					★★											
RiverStone									Subject to Performance Agreement										Subject to Performance Agreement	
Roanoke-Chowan									Subject to Performance Agreement										Subject to Performance Agreement	
Rockingham									Subject to Performance Agreement										Subject to Performance Agreement	
Sandhills Center	4/20/05	Yes	4/20/05	Yes			4/20/05	Yes	★★											
Smoky Mountain																				
Southeastern Center	4/18/05	Yes							★★											
Southeastern Regional					4/1/05	Yes			★★											
Tideland									Subject to Performance Agreement										Subject to Performance Agreement	
Vance-Granville-Franklin-Warren							4/15/05	Yes	★★											
Wake	4/20/05	Yes	4/20/05	Yes					★★											
Western Highlands									Subject to Performance Agreement										Subject to Performance Agreement	
Wilson-Greene									Subject to Performance Agreement										Subject to Performance Agreement	

Met the Best Practice Standard:

11 (78.6%)

0 (0%)

Met the SFY2005 Standard:

1 (7.1%)

0 (0%)

Total

12 (85.7%)

0 (0%)

**Notes:**

1. Dates that are shaded and in **bold** font indicate reports not received by the due date. **Italicized** dates with light/yellow shading meet the Current SFY Standard.

2. ★ = Met SFY2005 Performance Contract Standard.

★★ = Met Best Practice Standard.

2004 - 2005 Performance Contract  
Third Quarter Report  
January 1, 2005 - March 31, 2005

**Information Management, Analysis, and Reporting.**  
**1.8.1.6. System Monitoring - Work First Initiative Quarterly Reports**

**Performance Requirement:** LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

**Best Practice Standard:** 100% of reports are accurate, complete, and received by the due date.

**SFY 2005 Standard:** 100% of reports are accurate, complete. 75% are received on-time and 100% of reports are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Report (Due 10/20/04)		2nd Qtr Report (Due 1/20/05)		3rd Qtr Report (Due 4/20/05)		4th Qtr Report (Due 7/20/05)		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	
Alamance-Caswell	Subject to Performance Agreement								
Albemarle	Subject to Performance Agreement								
Catawba					4/20/05	Yes			☆☆
CenterPoint					4/20/05	Yes			☆☆
Crossroads					4/20/05	Yes			☆☆
Cumberland					4/18/05	Yes			☆☆
Durham					4/15/05	Yes			☆☆
Eastpointe					4/18/05	Yes			☆☆
Edgecombe-Nash	Subject to Performance Agreement								
Foothills					4/20/05	Yes			☆☆
Guilford					4/9/05	Yes			☆☆
Johnston					4/13/05	Yes			☆☆
Lee-Harnett	Subject to Performance Agreement								
Mecklenburg					4/20/05	Yes			☆☆
Neuse					4/20/05	Yes			☆☆
New River					4/20/05	Yes			☆☆
Onslow					4/20/05	Yes			☆☆
Orange-Person-Chatham					4/20/05	Yes			☆☆
Pathways	Subject to Performance Agreement								
Pitt					4/20/05	Yes			☆☆
RiverStone	Subject to Performance Agreement								
Roanoke-Chowan	Subject to Performance Agreement								
Rockingham	Subject to Performance Agreement								
Sandhills Center					4/20/05	Yes			☆☆
Smoky Mountain					4/18/05	Yes			☆☆
Southeastern Center					4/18/05	Yes			☆☆
Southeastern Regional					4/18/05	Yes			☆☆
Tideland	Subject to Performance Agreement								
Vance-Granville-Franklin-Warren					4/12/05	Yes			☆☆
Wake					4/12/05	Yes			☆☆
Western Highlands	Subject to Performance Agreement								
Wilson-Greene	Subject to Performance Agreement								

Number and Pct of LMEs that met the Best Practice Standard:

21 (100%)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0%)

Total

21 (100%)

**Notes:**

1. Dates that are shaded and in **bold** font indicate reports not received by the due date. **Italicized** dates with light/yellow shading meet the SFY2005 Standard.

2. The performance standard is an annual standard. Progress is reported quarterly.

☆☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) SFY2005 Performance Contract Standard.

★★ = Met (End of Year) Best Practice Standard.

2004 - 2005 Performance Contract  
Third Quarter Report  
January 1, 2005 - March 31, 2005

**Information Management, Analysis, and Reporting.**  
**1.8.2.1. Consumer Information - Client Data Warehouse (CDW) - Admissions**

Performance Requirement: LME submits required CDW record types by the 15th of each month (1 quarter lag time). Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of April 30, 2005.

Local Management Entity	Facility Code	JAN	FEB	MAR	Third Quarter Adm SFY2005	Third Quarter Adm SFY2004	Monthly Average SFY2005	Monthly Average SFY2004
Alamance-Caswell	23051	Subject to Performance Agreement						
Albemarle	43121	Subject to Performance Agreement						
Catawba	13091	121	104	87	312	554	104	185
CenterPoint	23021	393	367	360	1,120	1,223	373	408
CrossRoads	23011	285	222	0	507	893	169	298
Cumberland	33051	291	281	316	888	730	296	243
Durham	23071	196	197	133	526	237	175	79
Eastpointe	43081	251	259	232	742	589	247	196
Edgecombe-Nash	43051	Subject to Performance Agreement						
Foothills	13051	141	120	122	383	208	128	69
Guilford	23041	372	291	148	811	1,213	270	404
Johnston	33071	159	152	181	492	450	164	150
Lee-Harnett	33061	Subject to Performance Agreement						
Mecklenburg-Carolina Medical	13101	51	0	0	51	845	17	282
Mecklenburg-Child Dev. Disabilities	13102	234	215	206	655	975	218	325
Neuse	43071	124	84	82	290	328	97	109
New River	13030	194	161	144	499	442	166	147
Onslow	43021	114	124	97	335	142	112	47
Orange-Person-Chatham	23061	163	157	174	494	309	165	103
Pathways	13081	Subject to Performance Agreement						
Pitt	43091	75	28	24	127	416	42	139
RiverStone	43061	Subject to Performance Agreement						
Roanoke-Chowan	43101	Subject to Performance Agreement						
Rockingham	23031	Subject to Performance Agreement						
Sandhills	33031	378	342	218	938	508	313	169
Smoky Mountain	13010	379	327	367	1,073	743	358	248
Southeastern Center	43011	225	204	211	640	707	213	236
Southerastern Regional	33041	166	108	102	376	448	125	149
Tideland	43111	Subject to Performance Agreement						
Vance-Granville-Franklin-Warren	23081	98	86	58	242	130	81	43
Wake	33081	200	168	146	514	715	171	238
Western Highlands	13131	Subject to Performance Agreement						
Wilson-Greene	43041	Subject to Performance Agreement						
<b>TOTAL ADMISSIONS</b>		<b>4,610</b>	<b>3,997</b>	<b>3,408</b>	<b>12,015</b>	<b>12,805</b>	<b>4,005</b>	<b>4,268</b>

Data that are shaded are incomplete or appear to be inaccurate.



2004 - 2005 Performance Contract  
Third Quarter Report  
January 1, 2005 - March 31, 2005

**Information Management, Analysis, and Reporting.**  
**1.8.2.2. Consumer Information - Client Data Warehouse (CDW)**  
**Completeness of Required Fields**

Performance Requirement: LME submits required CDW record types by the 15th of each month (1 quarter lag time). Data has been entered in all required fields.

The table below shows the percentage<sup>1</sup> of clients admitted during the prior quarter (1 quarter lag) where all required data fields are complete.

Best Practice Standard: 90% of all required data fields are complete for the prior quarter.

SFY 2005 Standard: 80% of all required data fields are complete for the prior quarter.

Local Management Entity	Area Code	State Of Residence	Ability To Pay	Competency Status	EAP Code	Education Level	Employment Status	Veteran Status	Standard Met <sup>2</sup>
Alamance-Caswell	205	Subject to Performance Agreement							
Albemarle	412	Subject to Performance Agreement							
Catawba	109	100%	100%	100%	100%	100%	100%	100%	★★
CenterPoint	202	100%	100%	100%	100%	100%	100%	100%	★★
Crossroads	201	100%	100%	100%	100%	100%	100%	100%	★★
Cumberland	305	100%	100%	100%	100%	100%	100%	100%	★★
Durham	207	100%	100%	100%	100%	100%	100%	100%	★★
Eastpointe	408	100%	100%	100%	100%	100%	100%	100%	★★
Edgecombe-Nash	405	Subject to Performance Agreement							
Foothills	105	100%	95%	100%	100%	100%	99%	100%	★★
Guilford	204	100%	99%	100%	100%	100%	100%	100%	★★
Johnston	307	100%	100%	100%	100%	100%	100%	100%	★★
Lee-Harnett	306	Subject to Performance Agreement							
Mecklenburg	110	100%	100%	100%	100%	100%	100%	100%	★★
Neuse	407	100%	100%	100%	100%	100%	100%	100%	★★
New River	103	100%	99%	100%	100%	100%	100%	100%	★★
Onslow	402	100%	100%	100%	100%	100%	100%	100%	★★
Orange-Person-Chatham	206	100%	100%	100%	100%	100%	100%	100%	★★
Pathways	108	Subject to Performance Agreement							
Pitt	409	100%	100%	100%	100%	100%	100%	100%	★★
RiverStone	406	Subject to Performance Agreement							
Roanoke-Chowan	410	Subject to Performance Agreement							
Rockingham	203	Subject to Performance Agreement							
Sandhills Center	303	100%	100%	100%	100%	100%	100%	100%	★★
Smoky Mountain	101	100%	100%	100%	100%	100%	100%	100%	★★
Southeastern Center	401	100%	100%	100%	100%	100%	100%	100%	★★
Southeastern Regional	304	100%	100%	100%	100%	100%	100%	100%	★★
Tideland	411	Subject to Performance Agreement							
Vance-Granville-Franklin-Warren	208	100%	100%	100%	100%	100%	100%	100%	★★
Wake	308	100%	100%	100%	100%	100%	100%	100%	★★
Western Highlands	113	Subject to Performance Agreement							
Wilson-Greene	404	Subject to Performance Agreement							

Number and Pct of LMEs that met the Best Practice Standard:

21 (100%)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0%)

Total

21 (100%)

Notes:

- Percentages less than 80% appear shaded and in bold font.
- ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

2004 - 2005 Performance Contract  
Third Quarter Report  
January 1, 2005 - March 31, 2005

**Information Management, Analysis, and Reporting.**  
**1.8.2.3. Consumer Information - Client Data Warehouse (CDW)**  
**"Unknown" Value In Mandatory Fields**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage<sup>1</sup> of clients admitted during the prior quarter (1 quarter lag) where all mandatory data fields contain a value other than "unknown".

Best Practice Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

SFY 2005 Standard: 85% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Area Code	County	Race	Ethnicity	Gender	Marital Status	Standard Met <sup>2</sup>
Alamance-Caswell	205		Subject to Performance Agreement				
Albemarle	412		Subject to Performance Agreement				
Catawba	109	100%	100%	100%	100%	100%	★★
CenterPoint	202	100%	100%	100%	100%	100%	★★
Crossroads	201	100%	98%	97%	100%	99%	★★
Cumberland	305	100%	100%	100%	100%	100%	★★
Durham	207	100%	100%	99%	100%	97%	★★
Eastpointe	408	100%	100%	99%	100%	100%	★★
Edgecombe-Nash	405		Subject to Performance Agreement				
Foothills	105	100%	100%	100%	100%	100%	★★
Guilford	204	100%	100%	100%	100%	99%	★★
Johnston	307	100%	100%	100%	100%	100%	★★
Lee-Harnett	306		Subject to Performance Agreement				
Mecklenburg	110	100%	100%	98%	100%	100%	★★
Neuse	407	100%	100%	99%	100%	100%	★★
New River	103	100%	98%	99%	100%	99%	★★
Onslow	402	100%	100%	100%	100%	100%	★★
Orange-Person-Chatham	206	100%	100%	99%	100%	100%	★★
Pathways	108		Subject to Performance Agreement				
Pitt	409	100%	99%	100%	100%	97%	★★
RiverStone	406		Subject to Performance Agreement				
Roanoke-Chowan	410		Subject to Performance Agreement				
Rockingham	203		Subject to Performance Agreement				
Sandhills Center	303	100%	99%	99%	100%	98%	★★
Smoky Mountain	101	100%	100%	100%	100%	100%	★★
Southeastern Center	401	100%	99%	98%	100%	100%	★★
Southeastern Regional	304	100%	100%	100%	100%	100%	★★
Tideland	411		Subject to Performance Agreement				
Vance-Granville-Franklin-Warren	208	100%	99%	100%	100%	100%	★★
Wake	308	100%	100%	100%	100%	99%	★★
Western Highlands	113		Subject to Performance Agreement				
Wilson-Greene	404		Subject to Performance Agreement				

Number and Pct of LMEs that met the Best Practice Standard:

21 (100%)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0%)

Total

21 (100%)

Notes:

1. Percentages less than 85% appear shaded and in bold font.

2. ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

**Information Management, Analysis, and Reporting.**  
**1.8.2.4. Consumer Information - Client Data Warehouse (CDW)**  
**Identifying and Demographic Records**

**Performance Requirement:** LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claim record.

The table below shows the percentage<sup>1</sup> of clients admitted during the prior quarter (1 quarter lag) with an identifying record and demographic record completed within 30 days of the beginning date of service.

**Best Practice Standard:** 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

**SFY 2005 Standard:** 80% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Area Code	Percent With Records Completed Within 30 Days	Standard Met <sup>2</sup>
Alamance-Caswell	205	Subject to Performance Agreement	
Albemarle	412	Subject to Performance Agreement	
Catawba	109	94%	★★
CenterPoint	202	98%	★★
Crossroads	201	97%	★★
Cumberland	305	99%	★★
Durham	207	97%	★★
Eastpointe	408	91%	★★
Edgecombe-Nash	405	Subject to Performance Agreement	
Foothills	105	95%	★★
Guilford	204	98%	★★
Johnston	307	98%	★★
Lee-Harnett	306	Subject to Performance Agreement	
Mecklenburg	110	95%	★★
Neuse	407	94%	★★
New River	103	79%	
Onslow	402	88%	★
Orange-Person-Chatham	206	Data not available due to transition from Performance Agreement to Performance Contract	
Pathways	108	Subject to Performance Agreement	
Pitt	409	88%	★
RiverStone	406	Subject to Performance Agreement	
Roanoke-Chowan	410	Subject to Performance Agreement	
Rockingham	203	Subject to Performance Agreement	
Sandhills Center	303	94%	★★
Smoky Mountain	101	93%	★★
Southeastern Center	401	93%	★★
Southeastern Regional	304	93%	★★
Tideland	411	Subject to Performance Agreement	
Vance-Granville-Franklin-Warren	208	94%	★★
Wake	308	87%	★
Western Highlands	113	Subject to Performance Agreement	
Wilson-Greene	404	Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:

16 (76.2%)

Number and Pct of LMEs that met the SFY 2005 Standard:

3 (14.3%)

Total

19 (90.5%)

**Notes:**

1. Percentages less than 80% appear shaded and in bold font.

2. ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

**Information Management, Analysis, and Reporting.**  
**1.8.2.5. Consumer Information - Client Data Warehouse (CDW)**  
**Drug Of Choice Data**

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASDHH, ASCDR, ASCJO, ASDSS, ASDWI, ASHMT, ASWOM, CSSAD, CSWOM, CSCJO, CSDWI, CSMAJ.

The table below shows the percentage<sup>1</sup> of open clients in the designated target populations (1 quarter lag) with a drug of choice record completed within 60 days of the beginning date of service.

Best Practice Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

SFY 2005 Standard: 80% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Area Code	Percent With Records Completed Within 60 Days	Standard Met <sup>2</sup>
Alamance-Caswell	205	Subject to Performance Agreement	
Albemarle	412	Subject to Performance Agreement	
Catawba	109	93%	★★
CenterPoint	202	90%	★★
Crossroads	201	85%	★
Cumberland	305	99%	★★
Durham	207	99%	★★
Eastpointe	408	82%	★
Edgecombe-Nash	405	Subject to Performance Agreement	
Foothills	105	83%	★
Guilford	204	95%	★★
Johnston	307	100%	★★
Lee-Harnett	306	Subject to Performance Agreement	
Mecklenburg	110	88%	★
Neuse	407	85%	★
New River	103	88%	★
Onslow	402	85%	★
Orange-Person-Chatham	206	85%	★
Pathways	108	Subject to Performance Agreement	
Pitt	409	<b>78%</b>	
RiverStone	406	Subject to Performance Agreement	
Roanoke-Chowan	410	Subject to Performance Agreement	
Rockingham	203	Subject to Performance Agreement	
Sandhills Center	303	82%	★
Smoky Mountain	101	<b>60%</b>	
Southeastern Center	401	83%	★
Southeastern Regional	304	100%	★★
Tideland	411	Subject to Performance Agreement	
Vance-Granville-Franklin-Warren	208	87%	★
Wake	308	98%	★★
Western Highlands	113	Subject to Performance Agreement	
Wilson-Greene	404	Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:

8 (38.1%)

Number and Pct of LMEs that met the SFY 2005 Standard:

11 (52.4%)

Total

19 (90.5%)

Notes:

1. Percentages less than 80% appear shaded and in bold font.

2. ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

**Information Management, Analysis, and Reporting.**  
**1.8.2.8. Consumer Information - MH/SA Client Outcomes Inventory (MH/SA-COI)**  
**Initial Assessments**

**Performance Requirement:** The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The MH/SA COI is required for all consumers with a primary disability of mental health and/or substance abuse whose case number ends in 3 or 6 (20% sample) until transition to the expanded, web-based NC TOPPS system has been completed. Transition is expected to be completed by the end of the fiscal year. The expected number of initial forms is the number of active consumers in the CDW with case numbers ending in 3 or 6 minus the number of consumers who are administered the NC-TOPPS outcomes instrument.

**Best Practice Standard:** 100% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.  
**SFY 2005 Standard:** 90% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.

Local Management Entity	# of Admission Records in CDW Ending in 3 or 6	# of NC-TOPPS Admission Forms Ending in 3 or 6	Expected # of Initial COI Assessments	Actual # of Initial COI Assessments Submitted	% of Expected COIs Submitted <sup>1</sup>	Standard Met <sup>2</sup>
Alamance-Caswell	Subject to Performance Agreement					
Albemarle	Subject to Performance Agreement					
Catawba						
CenterPoint						
Crossroads						
Cumberland						
Durham						
Eastpointe						
Edgecombe-Nash	Subject to Performance Agreement					
Foothills						
Guilford						
Johnston						
Lee-Harnett	Subject to Performance Agreement					
Mecklenburg						
Neuse						
New River						
Onslow						
Orange-Person-Chatham						
Pathways	Subject to Performance Agreement					
Pitt						
RiverStone	Subject to Performance Agreement					
Roanoke-Chowan	Subject to Performance Agreement					
Rockingham	Subject to Performance Agreement					
Sandhills Center						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Tideland	Subject to Performance Agreement					
Vance-Granville-Franklin-Warren						
Wake						
Western Highlands	Subject to Performance Agreement					
Wilson-Greene	Subject to Performance Agreement					

**Deferred to State Fiscal  
Year 05-06 due to  
challenges of transition  
process from MH/SA COI  
to NC-TOPPS**

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0%)

Total

0 (0%)

**Notes:**

- Percentages less than 90% appear shaded and in bold font.
- ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

**Information Management, Analysis, and Reporting.**  
**1.8.2.9. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)**  
**Initial Assessments**

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all consumers in specified substance abuse populations and shall be submitted within the timeframes specified in the NC-TOPPS Manual. The expected number of initial forms is the number of active consumers in IPRS in the relevant target populations. Initial forms are due by the last day of the month following the month the initial form is administered. For example, if the initial form is administered in October, the form is required to be submitted by November 30. All initial forms shall be complete and accurate.

Best Practice Standard: 100% of the expected initial forms are received on time and are complete.

SFY 2005 Standard: 90% of the expected initial forms are received on time and 90% of the items are complete.

Local Management Entity	Expected # of Initial Assessments	Criterion 1: Receipt		Criterion 2: Timeliness		Criterion 3: Completeness		Standard Met <sup>2</sup>
		# of Initial Assessments Received	% of Expected Assessments Received <sup>1</sup>	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>1</sup>	# of Initial Assessments that are at least 90% Complete	% of Expected Assessments that are at least 90% Complete <sup>1</sup>	
Alamance-Caswell		Subject to Performance Agreement						
Albemarle		Subject to Performance Agreement						
Catawba								
CenterPoint								
Crossroads								
Cumberland								
Durham								
Eastpointe								
Edgecombe-Nash		Subject to Performance Agreement						
Foothills								
Guilford								
Johnston								
Lee-Harnett		Subject to Performance Agreement						
Mecklenburg								
Neuse								
New River								
Onslow								
Orange-Person-Chatham								
Pathways		Subject to Performance Agreement						
Pitt								
RiverStone		Subject to Performance Agreement						
Roanoke-Chowan		Subject to Performance Agreement						
Rockingham		Subject to Performance Agreement						
Sandhills Center								
Smoky Mountain								
Southeastern Center								
Southeastern Regional								
Tideland		Subject to Performance Agreement						
Vance-Granville-Franklin-Warren								
Wake								
Western Highlands		Subject to Performance Agreement						
Wilson-Greene		Subject to Performance Agreement						

**Deferred to State Fiscal  
Year 05-06 due to  
challenges of transition  
process from MH/SA COI  
to NC-TOPPS**

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2005 Standard:

Total

0 (0%)

0 (0%)

0 (0%)

Notes:

1. Percentages less than 90% appear shaded and in bold font.

2. ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

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**Information Management, Analysis, and Reporting.**  
**1.8.2.11. Consumer Information - National Core Indicators (NCI) Consents And Pre-Surveys**

Performance Requirement: The LME, through providers, will submit a consent form and a pre-survey for each person selected to participate in the NCI project within the specified timeframes. All submissions are accurate and complete.

Best Practice Standard: 100% of the pre-surveys and consents are complete and are received by the due date.  
SFY 2005 Standard: 100% of the pre-surveys and consents are complete and are received within 10 days after the due date.

Local Management Entity	Timeliness of Submission	Completeness (# Received/# Expected)			Standard Met <sup>2</sup>
		# Received	# Expected	% Complete <sup>1</sup>	
Alamance-Caswell		Subject to Performance Agreement			
Albemarle		Subject to Performance Agreement			
Catawba	Within 10 Days After Due Date	5	8	<b>62.5%</b>	
CenterPoint	On-Time	21	22	<b>95.5%</b>	
Crossroads	Within 10 Days After Due Date	9	12	<b>75.0%</b>	
Cumberland	<b>&gt; 10 Days Late</b>	1	15	<b>6.7%</b>	
Durham	On-Time	11	16	<b>68.8%</b>	
Eastpointe	On-Time	35	35	100.0%	★★
Edgecombe-Nash		Subject to Performance Agreement			
Foothills	On-Time	14	14	100.0%	★★
Guilford	On-Time	7	28	<b>25.0%</b>	
Johnston	On-Time	5	5	100.0%	★★
Lee-Harnett		Subject to Performance Agreement			
Mecklenburg	On-Time	41	50	<b>82.0%</b>	
Neuse	On-Time	15	15	100.0%	★★
New River	On-Time	12	12	100.0%	★★
Onslow	<b>&gt; 10 Days Late</b>	5	5	100.0%	
Orange-Person-Chatham	On-Time	20	20	100.0%	★★
Pathways		Subject to Performance Agreement			
Pitt	Within 10 Days After Due Date	10	10	100.0%	★
RiverStone		Subject to Performance Agreement			
Roanoke-Chowan		Subject to Performance Agreement			
Rockingham		Subject to Performance Agreement			
Sandhills Center	On-Time	30	30	100.0%	★★
Smoky Mountain	<b>&gt; 10 Days Late</b>	3	6	<b>50.0%</b>	
Southeastern Center	Within 10 Days After Due Date	10	25	<b>40.0%</b>	
Southeastern Regional	<b>&gt; 10 Days Late</b>	23	64	<b>35.9%</b>	
Tideland		Subject to Performance Agreement			
Vance-Granville-Franklin-Warren	<b>&gt; 10 Days Late</b>	5	9	<b>55.6%</b>	
Wake	Within 10 Days After Due Date	30	30	100.0%	★
Western Highlands		Subject to Performance Agreement			
Wilson-Greene		Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

7 (33.3%)

Number and Pct of LMEs that met the SFY 2005 Standard:

2 (9.5%)

Total

9 (42.9%)

Notes:

- Percentages less than 100% appear shaded and in bold font
- ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

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**Information Management, Analysis, and Reporting.**  
**1.8.2.13. Consumer Information - NC Support Needs Assessment Profile (NC-SNAP)**

**Performance Requirement:** The LME, through providers, will submit to DMH/DD/SAS, on a regular basis, a file containing current assessment forms for all consumers receiving DD services.

**Best Practice Standard:** Data are received on a regular basis and 100% of current assessments are no more than 15 months old.  
**SFY 2005 Standard:** Data are received on a regular basis and 95% of current assessments are no more than 15 months old.

Local Management Entity	Data Received On a Regular Basis	Currency Of Assessments			Standard Met <sup>2</sup>
		# Received	# No More Than 15 Months Old	% No More Than 15 Months Old <sup>1</sup>	
Alamance-Caswell		Subject to Performance Agreement			
Albemarle		Subject to Performance Agreement			
Catawba	Yes	423	356	<b>84.2%</b>	
CenterPoint	Yes	1,279	1,054	<b>82.4%</b>	
Crossroads	Yes	785	80	<b>10.2%</b>	
Cumberland	Yes	913	375	<b>41.1%</b>	
Durham	Yes	877	526	<b>60.0%</b>	
Eastpointe	Yes	1,088	602	<b>55.3%</b>	
Edgecombe-Nash		Subject to Performance Agreement			
Foothills	Yes	628	492	<b>78.3%</b>	
Guilford	Yes	1,659	1,125	<b>67.8%</b>	
Johnston	Yes	466	269	<b>57.7%</b>	
Lee-Harnett		Subject to Performance Agreement			
Mecklenburg	Yes	2,336	1,468	<b>62.8%</b>	
Neuse	Yes	574	564	98.3%	★
New River	Yes	671	518	<b>77.2%</b>	
Onslow	Yes	347	237	<b>68.3%</b>	
Orange-Person-Chatham	Yes	904	893	98.8%	★
Pathways		Subject to Performance Agreement			
Pitt	Yes	537	359	<b>66.9%</b>	
RiverStone		Subject to Performance Agreement			
Roanoke-Chowan		Subject to Performance Agreement			
Rockingham		Subject to Performance Agreement			
Sandhills Center	Yes	1,166	942	<b>80.8%</b>	
Smoky Mountain	Yes	495	441	<b>89.1%</b>	
Southeastern Center	Yes	1,230	840	<b>68.3%</b>	
Southeastern Regional	Yes	1,123	1,046	<b>93.1%</b>	
Tideland		Subject to Performance Agreement			
Vance-Granville-Franklin-Warren	Yes	518	421	<b>81.3%</b>	
Wake	Yes	2,159	1,712	<b>79.3%</b>	
Western Highlands		Subject to Performance Agreement			
Wilson-Greene		Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2005 Standard:

Total

0 (0%)

2 (9.5%)

2 (9.5%)

**Notes:**

1. Percentages less than 95% appear shaded and in bold font.

2. ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.



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**Information Management, Analysis, and Reporting.**  
**1.8.2.14. Consumer Information - Consumer Satisfaction Survey (CSS)**

**Performance Requirement:** The LME, through providers, shall administer the DHHS Client Satisfaction Surveys, consistent with DHHS standards, to 5% of its active mental health and substance abuse caseload, and shall submit the data received according to DHHS requirements.

**Best Practice Standard:** 100% of expected surveys are completed as required and received by the due date.

**SFY 2005 Standard:** 85% of expected surveys are completed as required and received within 10 calendar days after the due date.

Local Management Entity	Timeliness of Submission	Completeness			Standard Met <sup>2</sup>
		# Of Expected Surveys	# Completed As Required	% Completed As Required <sup>1</sup>	
Alamance-Caswell		Subject to Performance Agreement			
Albemarle		Subject to Performance Agreement			
Catawba	On-Time	135	168	124.4%	★★
CenterPoint	On-Time	500	597	119.4%	★★
Crossroads	Within 10 Days After the Due Date	230	277	120.4%	★
Cumberland	Within 10 Days After the Due Date	227	227	100.0%	★
Durham	Within 10 Days After the Due Date	250	333	133.2%	★
Eastpointe	Within 10 Days After the Due Date	492	500	101.6%	★
Edgecombe-Nash		Subject to Performance Agreement			
Foothills	On-Time	263	321	122.1%	★★
Guilford	On-Time	500	588	117.6%	★★
Johnston	On-Time	157	212	135.0%	★★
Lee-Harnett		Subject to Performance Agreement			
Mecklenburg	On-Time	500	536	107.2%	★★
Neuse	Within 10 Days After the Due Date	242	237	97.9%	★
New River	On-Time	232	265	114.2%	★★
Onslow	On-Time	220	152	<b>69.1%</b>	
Orange-Person-Chatham	On-Time	285	314	110.2%	★★
Pathways		Subject to Performance Agreement			
Pitt	On-Time	189	243	128.6%	★★
RiverStone		Subject to Performance Agreement			
Roanoke-Chowan		Subject to Performance Agreement			
Rockingham		Subject to Performance Agreement			
Sandhills Center	On-Time	422	726	172.0%	★★
Smoky Mountain	Within 10 Days After the Due Date	357	381	106.7%	★
Southeastern Center	On-Time	301	319	106.0%	★★
Southeastern Regional	On-Time	459	382	<b>83.2%</b>	
Tideland		Subject to Performance Agreement			
Vance-Granville-Franklin-Warren	Within 10 Days After the Due Date	205	205	100.0%	★
Wake	On-Time	475	427	89.9%	★
Western Highlands		Subject to Performance Agreement			
Wilson-Greene		Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

11 (52.4%)

Number and Pct of LMEs that met the SFY 2005 Standard:

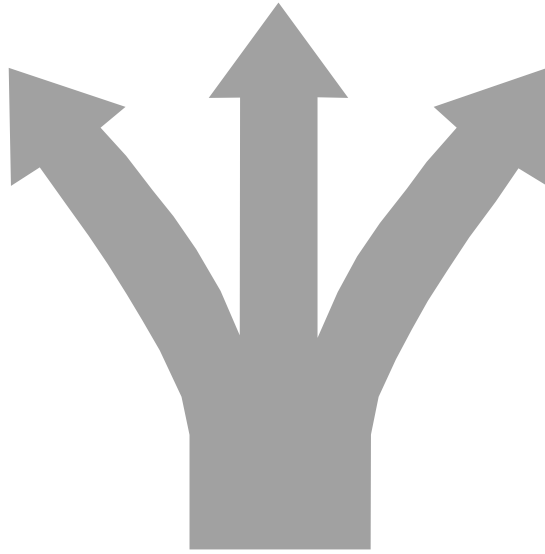
8 (38.1%)

Total

19 (90.5%)

**Notes:**

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- ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.



**Please give us feedback so we can improve these reports by making them more informative and more useful to you!**

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